

NEIGHBORHOOD WATCH CRIME SURVEY

Thinking about the neighborhood in which you live, have you or has any member of your family living with you been a victim of any of the crimes listed in your neighborhood?

Crimes your household reported to law enforcement.

CRIMES AGAINST PROPERTY	Past 6 Months		Past 12 Months	
Burglary – Items stolen from your home	Yes	No	Yes	No
Fraud – Theft by deception	Yes	No	Yes	No
Auto Theft – Vehicle stolen from your property	Yes	No	Yes	No
Larceny from Auto – Items stolen from vehicle	Yes	No	Yes	No
Larceny – Items stolen from your property	Yes	No	Yes	No
Vandalism – Property damaged / destroyed	Yes	No	Yes	No
Other – Specify	Yes	No	Yes	No

Total dollar value of damaged / stolen property _____.
(If stolen property was recovered, do not include)

CRIMES AGAINST PERSON	Past 6 Months		Past 12 Months	
Assault / Battery – Physical violence or threat	Yes	No	Yes	No
Robbery – With violence or threat of violence	Yes	No	Yes	No
Sexual Assault – Rape or attempted rape	Yes	No	Yes	No
Other – Specify	Yes	No	Yes	No

Crimes NOT reported to law enforcement.

CRIMES AGAINST PROPERTY	Past 6 Months		Past 12 Months	
Burglary – Items stolen from your home	Yes	No	Yes	No
Fraud – Theft by deception	Yes	No	Yes	No
Auto Theft – Vehicle stolen from your property	Yes	No	Yes	No
Larceny from Auto – Items stolen from vehicle	Yes	No	Yes	No
Larceny – Items stolen from your property	Yes	No	Yes	No
Vandalism – Property damaged / destroyed	Yes	No	Yes	No
Other – Specify	Yes	No	Yes	No

Total dollar value of damaged / stolen property _____.
(If stolen property was recovered, do not include)

CRIMES AGAINST PERSON	Past 6 Months		Past 12 Months	
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Other – Specify	Yes	No	Yes	No